

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Electronic Version v11

Stylesheet Version v10

Title of Invention	MEDICAL DEVICE CARRIER
<p>As the below named inventor, I declare that:</p> <p>This declaration is directed to the invention titled: "MEDICAL DEVICE CARRIER"</p> <p>I believe that I am the original and first inventor of the subject matter which is claimed and for which a patent is sought;</p> <p>I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;</p> <p>I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.</p> <p>All statements made herein of my knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.</p>	
FULL NAME OF INVENTOR:	
Inventor: Mr. Robert S. Crawford	Inventor
Signature: RSC	Citizen of: US

Electronic Version v05
Stylesheet Version v05.0

Title of Invention	MEDICAL DEVICE CARRIER
First Named Applicant: Mr. Robert S. Crawford Attorney Docket Number: 10051/003	
I hereby appoint the registered practitioner(s) at Customer Number: 41129 *41129* as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. I am the Applicant/Inventor. Full Name of Applicant of Record: Mr. Robert S. Crawford Signature: RSC Date: 2002-08-20	

IN THE UNITED STATES OF AMERICA
PATENT AND TRADEMARK OFFICE

APPLICANT: ROBERT S. CRAWFORD

TITLE: MEDICAL DEVICE CARRIER

DOCKET NO.: 10051/001

COMMISSIONER OF PATENTS AND TRADEMARKS
WASHINGTON, D.C. 20231

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

This declaration is for an original application.

My residence, post office address and citizenship are as stated below next to my name;

I believe I am an original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled MEDICAL DEVICE CARRIER, the specification of which is filed herewith.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

WILLIAM DAVID KIESEL, Registration No. 25,883
R. BENNETT FORD, JR., Registration No. 39,193
NEIL J. COIG, Registration No.: 48,929

SEND CORRESPONDENCE TO:
William David Kiesel
P. O. Box 15928
Baton Rouge, Louisiana 70895

DIRECT TELEPHONE CALLS TO:
William David Kiesel
(225) 927-9908

DECLARATION: I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF INVENTOR: Robert S. Crawford

RESIDENCE ADDRESS: 30120 Oak Shadows Drive, Walker, LA 70785

POST OFFICE ADDRESS: Same

COUNTRY OF CITIZENSHIP: USA

DATE:

8/20/02

SIGNATURE:

Robert S. Crawford